

Name  
in  
Full

William H. Biddinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

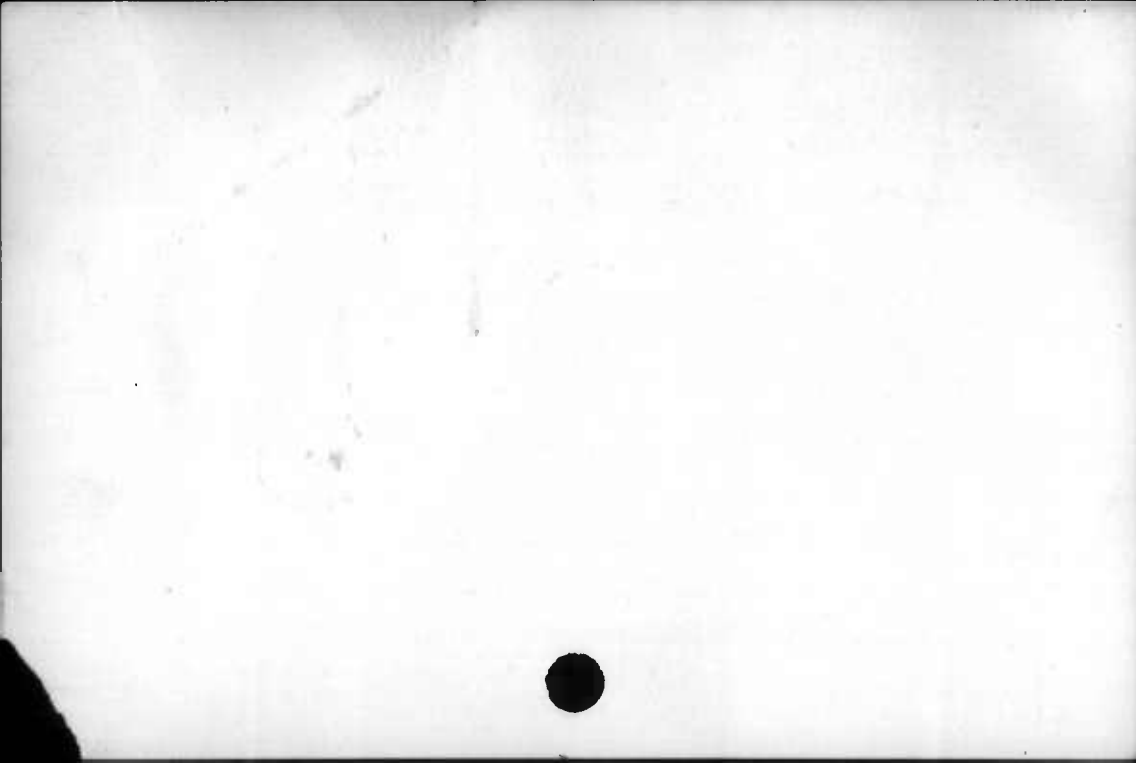
Died at <u>Cooksville</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Oct.</u> <small>Month</small>	<u>7.</u> <small>Day</small>	Age <u>86</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Mary H. Hobbs</u>			
Father's Name <u>—</u>		<u>Don't know</u>		Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>—</u>		<u>Don't know</u>		Mother's Birthplace <u>Don't know</u>	
Name of person giving information <u>Agustus R Biddinger</u>		How related to deceased <u>Son</u>		<u>—</u>	

## CAUSES OF DEATH

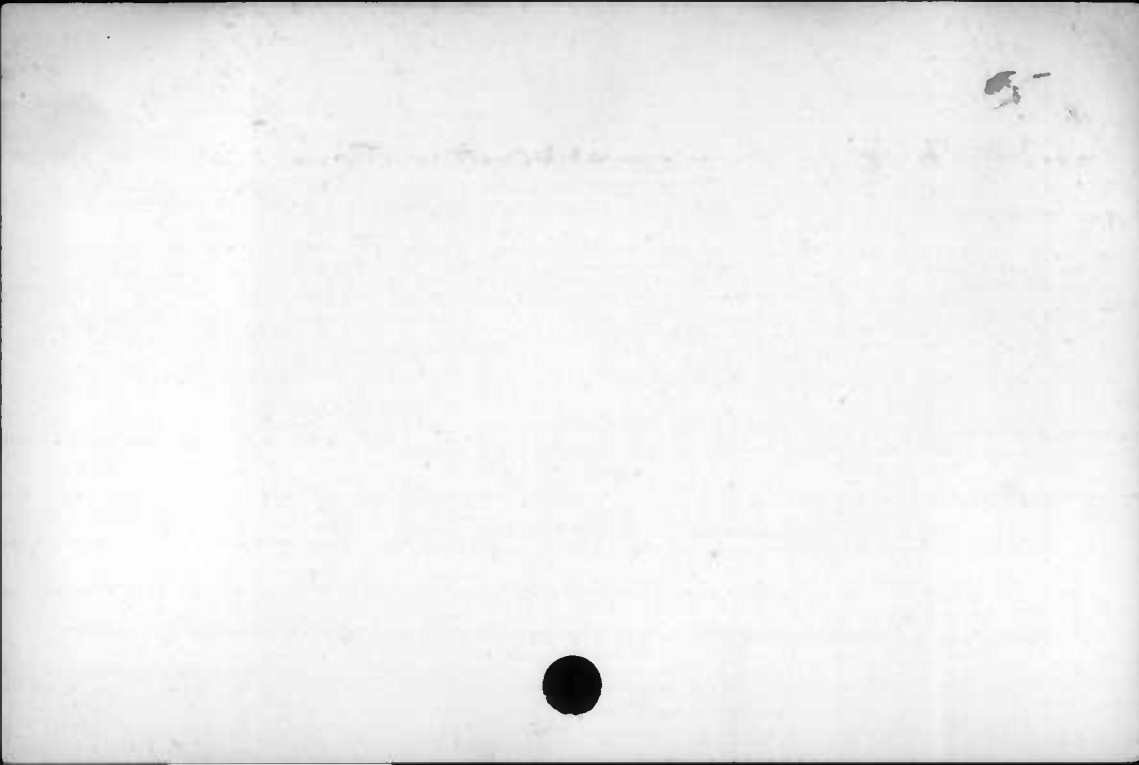
66

PHYSICIAN  
OR CORONER

Primary <u>Hemiplegia Left</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>14 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John W. Webb</u>
	Address <u>West Friends Hill</u>
Accident or Suicide? <u>2</u>	



Name in Full		Susan Rebecca Bowman				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Florence.		Howard			
Date of death		1908	Month	Oct.	Day	29.	Age
						Years	89.
						Months	6
						Days	
Sex		Female.		Color or Race		White	
Occupation		none.		Birth-place		Maryland.	
				Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband		Augustus Lee Bowman.	
Father's Name		Christie Snyder		Father's Birthplace		Md.	
Mother's Maiden Name		Betty Henry.		Mother's Birthplace		Md.	
Name of person giving information		Edward Bowman		How related to deceased		Son	
				CAUSES OF DEATH		154	
Primary		Infirmities of advanced age.		How long			
Immediate		Heart disease		How long		Four days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. W. Lacy.	
				Address		Lisbon.	
						Md.	
Accident or Suicide?							



Name  
in  
Full

Charles Daily

✓

 CERTIFICATE OF DEATH
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Simpsonville</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>29</i>	Age <i>—</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Simpsonville</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Daily</i>			Father's Birthplace <i>Howard Co</i>		
Mother's Maiden Name <i>Alice Stenson</i>			Mother's Birthplace <i>Howard Co</i>		
Name of person giving information <i>John Stenson</i>			How related to deceased <i>Gr father</i>		

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion &amp; Collapse</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas C Tumbleson</i>
	Address <i>Guilford Md.</i>
Accident or Suicide? <i>—</i>	

Treetown Cemetery

Name  
in  
Full

Mary Jeannette Douglas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Eek Ridge</i>		<sup>County</sup> <i>Howard</i>		MARYLAND	
Date of death	1908	Month	Oct.	Day	25
Age		Years	48	Months	3
Sex		Female	Color or Race	Colored	Birth-place
Occupation		Domestic		Where Residing if not at place of death	
Married, Single or <del>Widowed</del>		Name of Wife or Husband			
		<i>George Henry Douglas</i>			
Father's Name		<i>John Oliver</i>		Father's Birthplace	
				<i>Baltimore</i>	
Mother's Maiden Name		<i>Mary Catherine Clark</i>		Mother's Birthplace	
				<i>Baltimore</i>	
Name of person giving information		<i>Ellen Ann Clark</i>		How related to deceased	
				<i>Aunt</i>	

## CAUSES OF DEATH

Primary	<i>Mitral Insufficiency</i>	How long	<i>One year</i>
Immediate	<i>Cardiac Dilatation</i>	How long	<i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wm R. Eareckson</i>	
		Address	
		<i>Eek Ridge, Md.</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Undertaker Felix B. Pyle.  
102 E Mulberry st.  
Balto Md.

Please give a permit to remove the  
body from Elk Ridge Toward Co Md.  
to 102 E Mulberry st Balto Md  
for to be buried in St Vincent's  
Cemetery Balto Md  
Felix B. Pyle

Name  
in  
Full

Louis Eckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

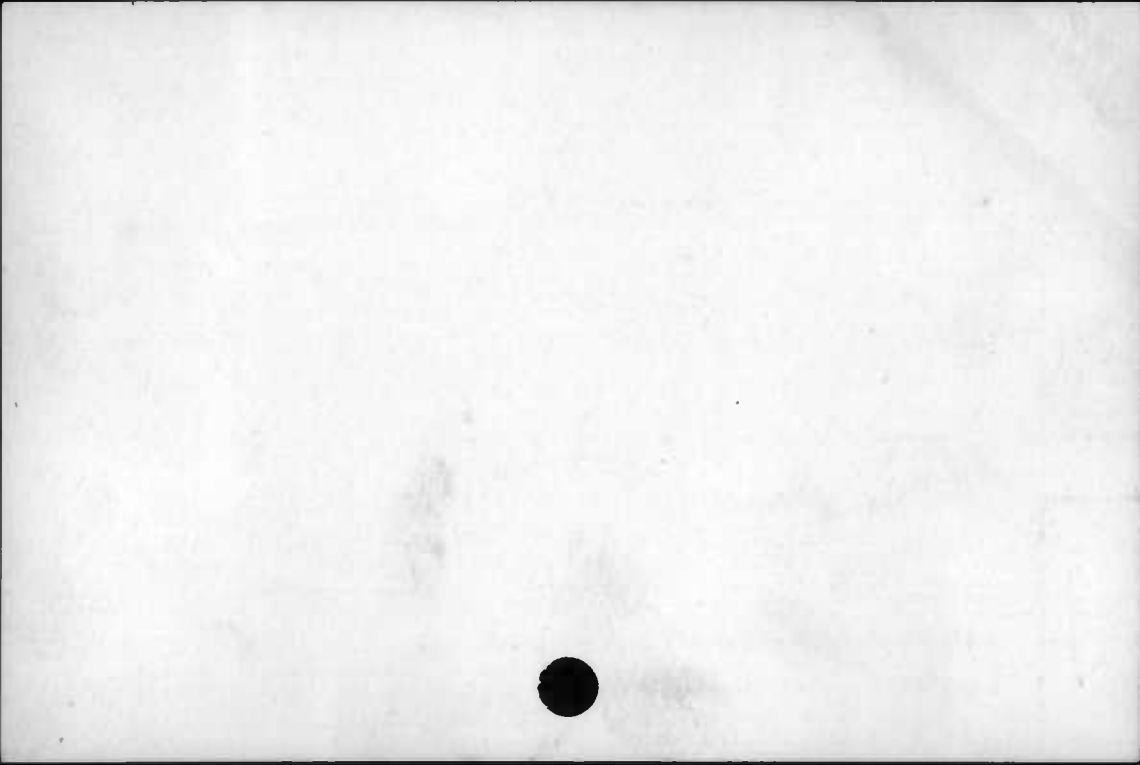
Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Octo</i>	Day <i>3</i>	Age <i>51</i>	Months <i>11</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>			
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Christan Eckert</i>				
Father's Name <i>Henry Will</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Catherine Will</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Amelia Kuefelfrich</i>	How related to deceased <i>sister</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart disease. Arterio disease</i>	How long <i>6 months</i>
Immediate <i>Arterio</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. B. Reynolds</i>
<i>—</i>	Address <i>Ellicott City, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clarksville</i>		Town <i>Clarksville</i>		County <i>Harrison</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Oct.</i>		Day <i>14</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Clarksville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Wm. England</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ida Sullivan</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mrs J H Manatee</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Asthma</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. L. Cissell</i>
	Address <i>Highland, Md.</i>
Accident or Suicide?	

*Smithicum napel cemetery*

Name  
in  
Full

Nettie G. Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

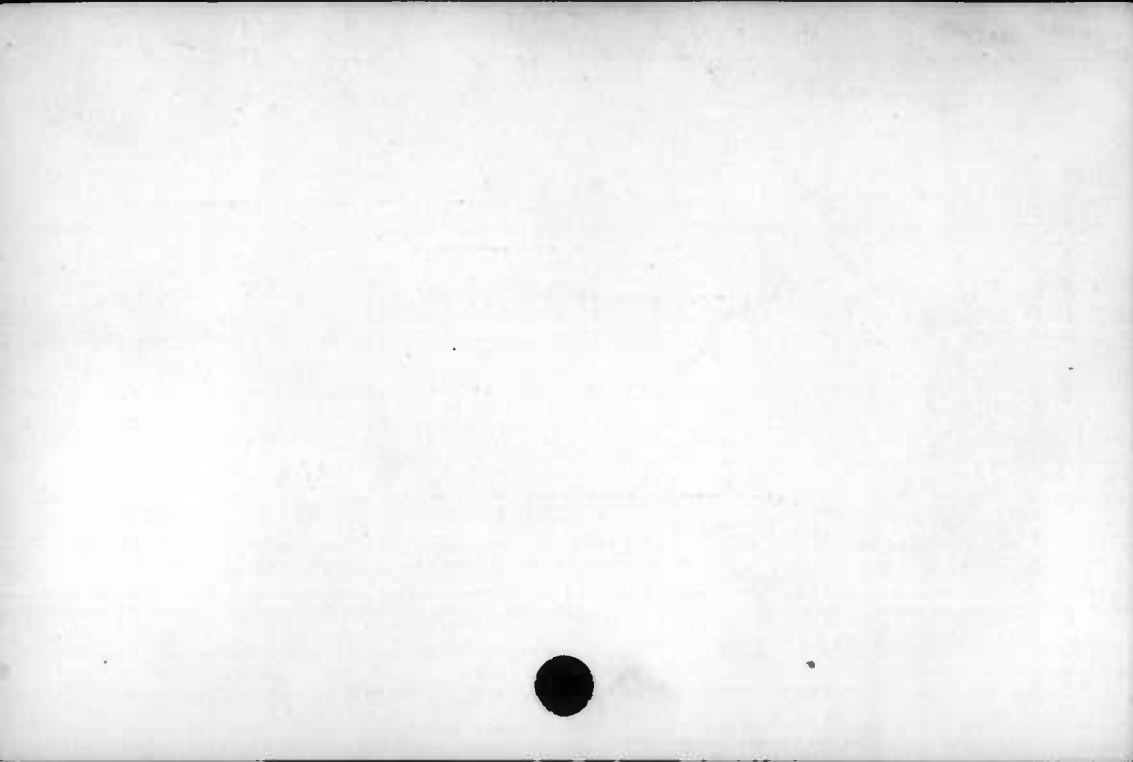
Died at <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	26
Age		Years		Months	Days
41					
Sex	Female		Color or Race	White	
Birthplace	Md				
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>William L. Hoover</i>		
Father's Name	<i>Ezra Lantz</i>		Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Sarah Giggins</i>		Mother's Birthplace <i>Md.</i>		
Name of person giving information	<i>William L. Hoover</i>		How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	<i>Neurasthenia</i>	How long	<i>3 years</i>
Immediate	<i>Acute Nephritis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>C. R. White M.D.</i>	
Address		<i>Ellicott City Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

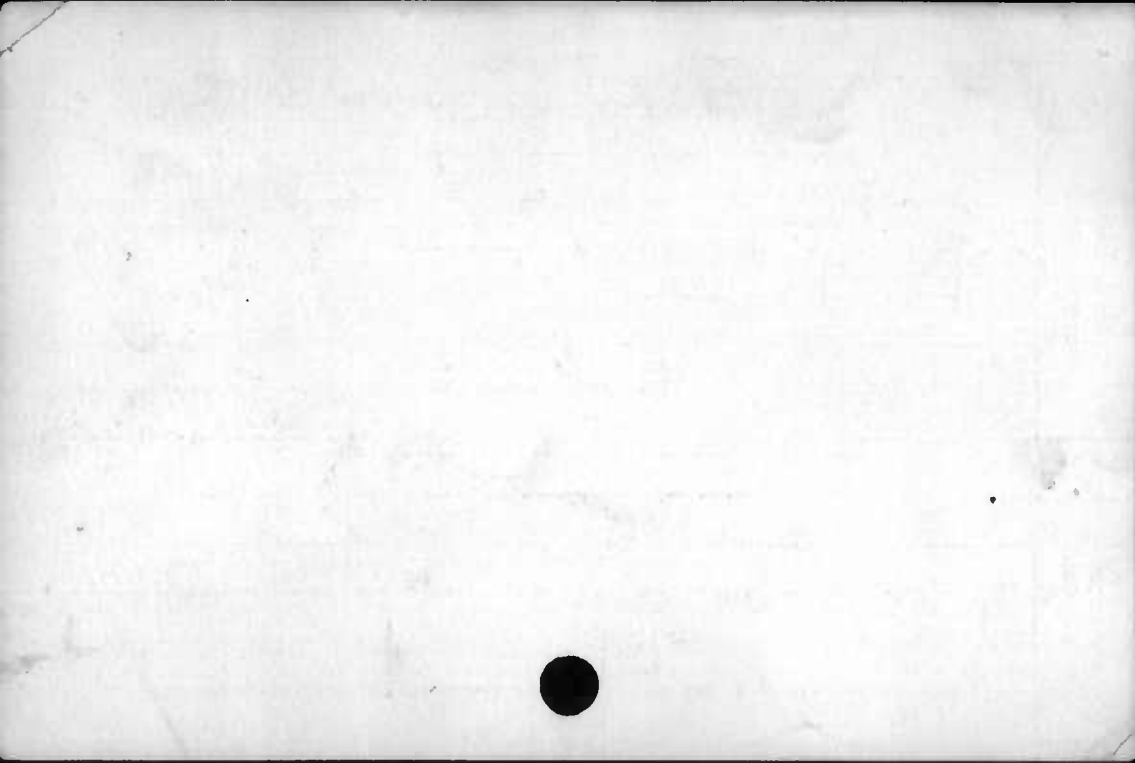
Name in Full <i>Margaret Sager</i>		Town <i>Fulton</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Fulton</i>		Month <i>October</i>		Day <i>20</i>		Age <i>49</i>	
Date of death <i>1908</i>		Month <i>October</i>		Day <i>20</i>		Age <i>49</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Fulton Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>F. William Sager</i>					
Father's Name <i>Henry R. Dinkelman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna M. Biebert</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>N. H. Hardaway</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Tumor of Liver (Cancer)</i>	How long <i>thru mrs. or mrs.</i>
Immediate <i>Asthenia</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>N. W. Cissel</i>
	Address <i>Highland</i>
Accident or Suicide?	



Name  
in  
Full

Charles Emory Makinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

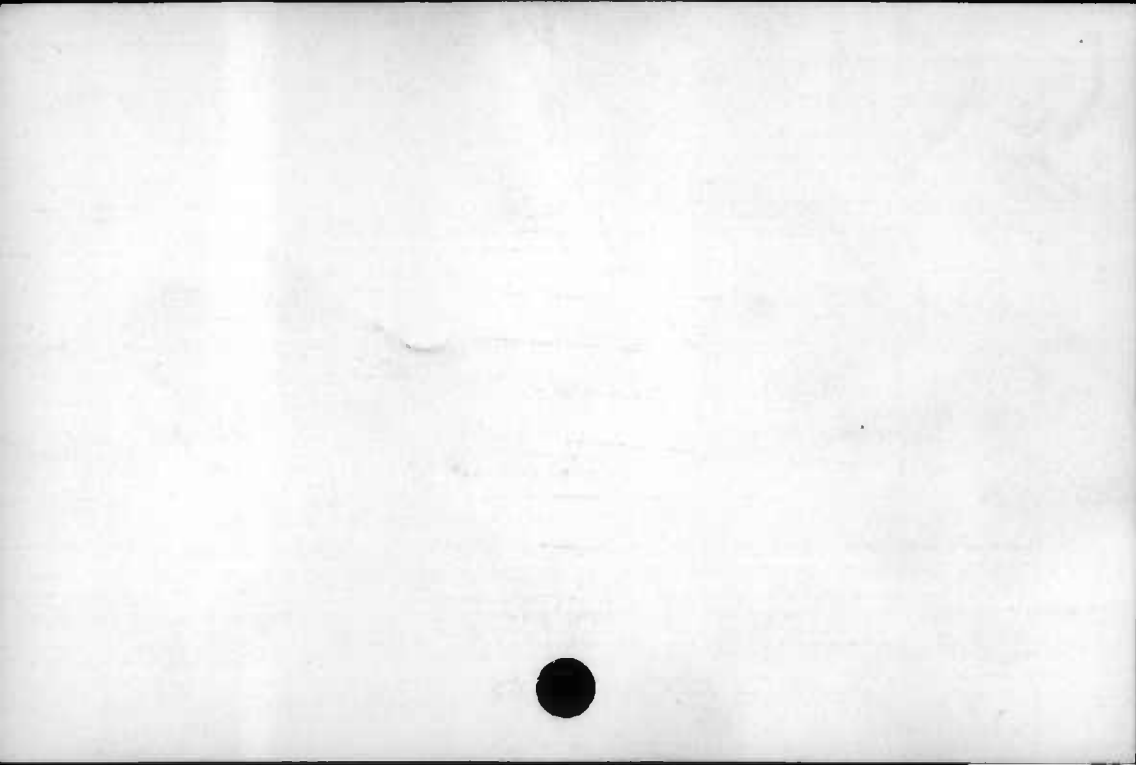
Died at		Ellicott City		Howard		MARYLAND	
Date of death		1908	Oct	13	Age	29	Months
Sex		Male		Color or Race		White	
Occupation		Sailor		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Single		Name of Wife or Husband		none	
Father's Name		Charles T. Makinson		Father's Birthplace		Maryland	
Mother's Maiden Name		Agnes J. Isaac		Mother's Birthplace		Maryland	
Name of person giving information		Clementine Makinson		How related to deceased		Sister	

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	Suicide	How long	✓
Immediate	strangulation	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		William F. Lily (Army Coroner)	
Address		Ellicott City	
Accident or Suicide?		md	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Simpsonville</i>		Town <i>Myerly</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>6</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Simpsonville</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Wm. J. Myerly</i>			Father's Birthplace <i>Id</i>				
Mother's Maiden Name <i>Lemore Walters</i>			Mother's Birthplace <i>Id</i>				
Name of person giving information <i>Wm. J. Myerly</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemiparesis</i>	How long <i>6 days</i>
Immediate <i>Choke</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Bice</i>
	Address <i>Highland</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Pickett

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Poplar Springs<sup>County</sup> HowardDate of death 1903 <sup>Month</sup> October <sup>Day</sup> 27Age <sup>Years</sup> 73<sup>Months</sup> 7<sup>Days</sup> 23

Sex Female

Color or Race White

Birth-place Howard County

Occupation Housewife

Where Residing if not at place of death —

or Widowed

Name of ~~Widow~~ Husband John Thomas Pickett

Father's Name Edwin Bowman

Father's Birthplace Howard County

Mother's Maiden Name Nancy Malesworth

Mother's Birthplace Howard County

Name of person giving information Mrs. Kate R. Pickett

How related to deceased Daughter in law

## CAUSES OF DEATH

164

Primary Falling down steps

How long Immediate

Immediate Dislocation of odontoid process of axis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. A. Nice,

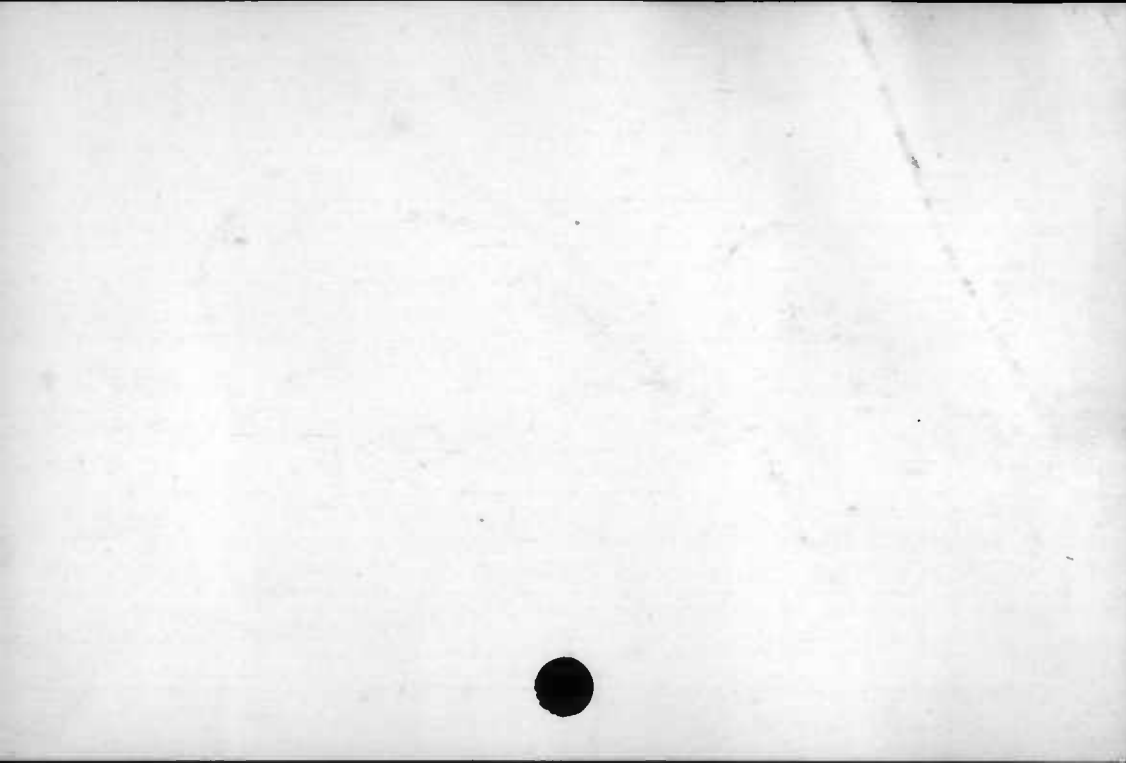
Address

Lisbon,

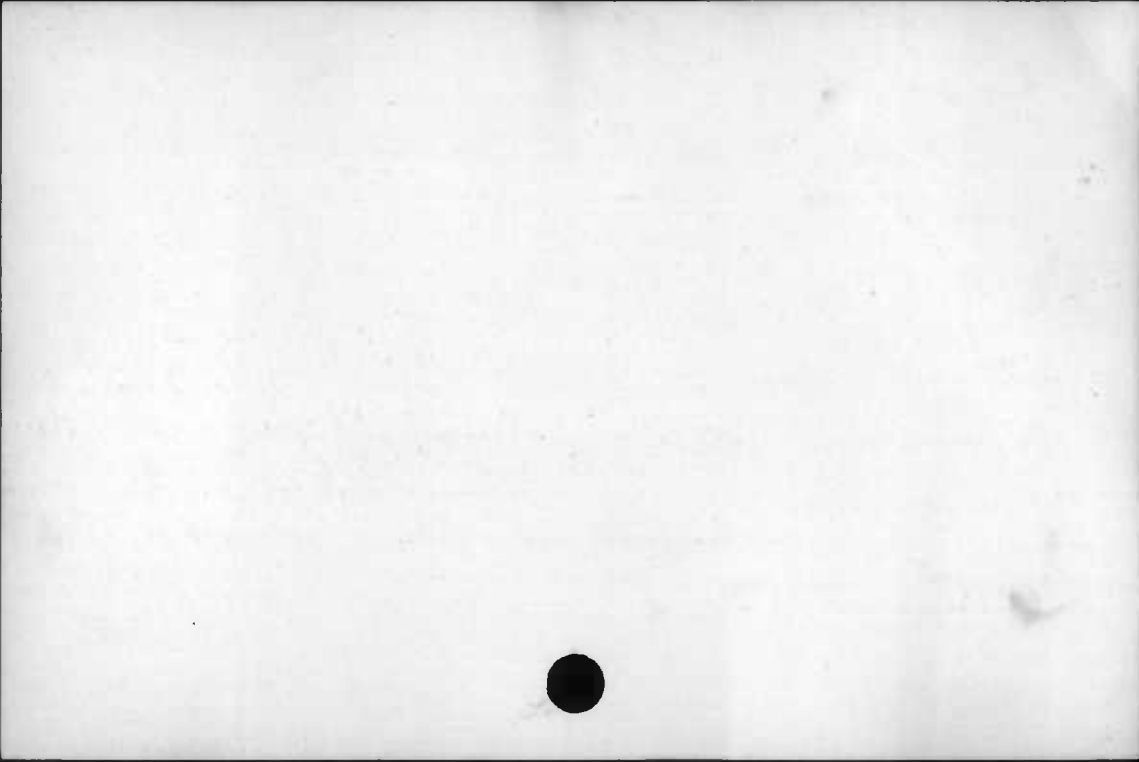
Md.

Accident or Suicide? Accident

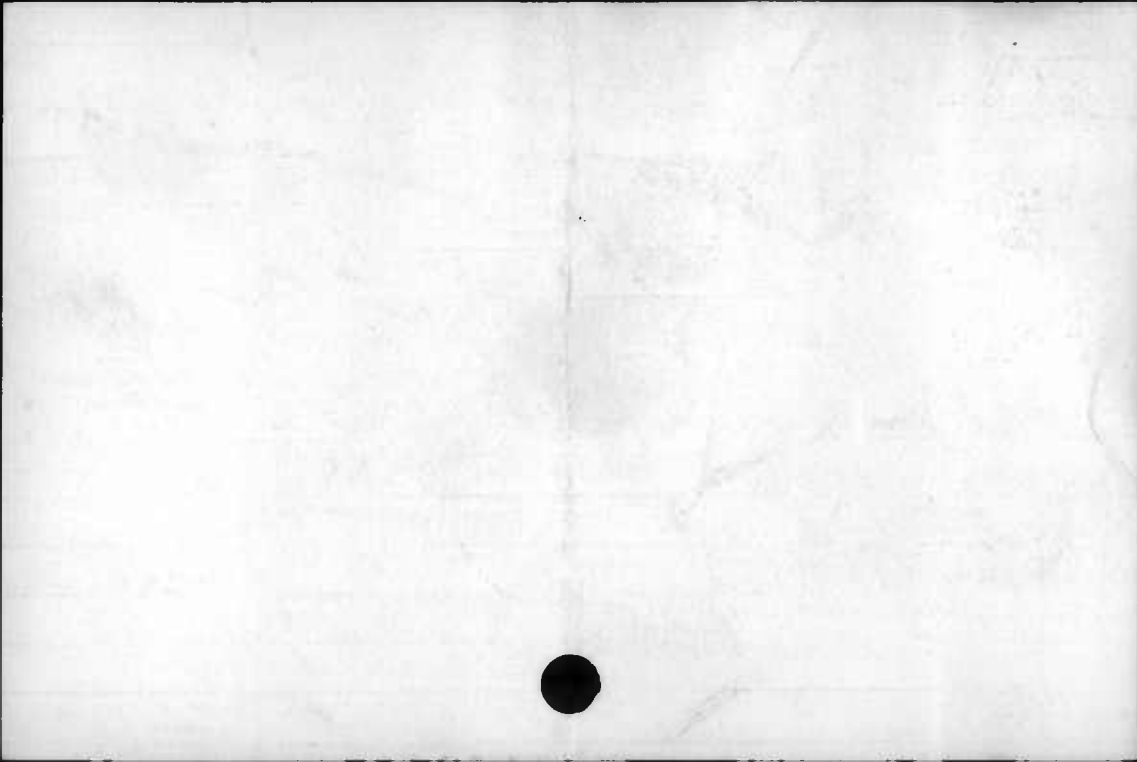
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name In Full		Vernie G. Pickett				CERTIFICATE OF DEATH	
		Town Savage		County Howard		MARYLAND	
Died at							
Date of death		Month 10	Day 17	Age 11	Years 6	Months 1	Days
Sex female		Color or Race white		Birth-place Md			
Occupation Infant		Where Residing if not at place of death Savage					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Lorenzo S. Pickett		Father's Birthplace Md					
Mother's Maiden Name Beulah Wheeler		Mother's Birthplace Md					
Name of person giving information L. S. Pickett		How related to deceased Father					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(1)</div>							
Primary		Typhoid Fever		How long 2 weeks			
Immediate		Heart failure		How long 6 hours			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Whitcomb M.D		Address Savage			
Accident or Suicide? within							



Name in Full		Fannie Rollins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elk Ridge		Howard		MARYLAND	
	Date of death	1908	Month Oct.	Day 11	Age about 31	Months —	Days —
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	Waitress re		Where Residing if not at place of death	Elk Ridge		
	Married, Single or Widowed	Single		Name of Wife or Husband	Edward Rollins		
	Father's Name	John Wesley				Father's Birthplace	Maryland
	Mother's Maiden Name	Katherine Brown				Mother's Birthplace	Maryland
Name of person giving information	Edward Rollins				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary	Acute pulmonary tuberculosis				How long	4 or 5 mos.
	Immediate	Mania - Exhaustion				How long	One month
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	M. R. Eareckson
						Address	Elk Ridge
Accident or Suicide? <input type="checkbox"/>							



Name In Full		Albert Russell Silence				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lisbon</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
		Date of death <u>1908 October 28</u> <small>Month Day</small>		Age <u>37</u> <small>Years</small>		Months <u>10</u> Days <u>7</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Howard County</u>	
		Occupation <u>Rural Mail Carrier</u>		Where Residing if not at place of death <u>—</u>			
		Married, <u>Single</u> <del>or Widowed</del>		Name of Wife or <del>Husband</del> <u>Mamie Cordelia Silence</u>			
		Father's Name <u>William Thomas Silence</u>		Father's Birthplace <u>Frederick Co.</u>			
Mother's Maiden Name <u>Mary Elizabeth Peddicord</u>		Mother's Birthplace <u>Montgomery Co.</u>					
Name of person giving information <u>Mamie Cordelia Silence</u>		How related to deceased <u>Wife</u>					
		CAUSES OF DEATH		(27)			
PHYSICIAN OR CORONER		Primary <u>Phthisis</u>		How long <u>about 3 years</u>			
		Immediate <u>Phthisis</u>		How long <u>6 days.</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. A. Nice.</u>			
				Address <u>Lisbon, Md.</u>			
Accident or Suicide?							



Melville E. Smith

# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at		Town <i>Savage</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>Oct-</i>	Day <i>16</i>	Age	Years	Months <i>4</i>	Days <i>6</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>MD</i>
Occupation	<i>Infant</i>			Where Residing if not at place of death		<i>near Savage</i>	
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband <i>_____</i>				
Father's Name	<i>Samuel Smith Jr</i>					Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Mollie E. Bradford</i>					Mother's Birthplace	<i>MD</i>
Name of person giving Information	<i>William Bradford</i>					How related to deceased	<i>Grand father</i>

### CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Indigestion	How long	2 months
Immediate	Heart failure	How long	progressive
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. M. Hutchinson M.D.
		Address	Savage Md
Accident or Suicide?	Mitchell		



Name  
in  
Full

William H Weeks

✓  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

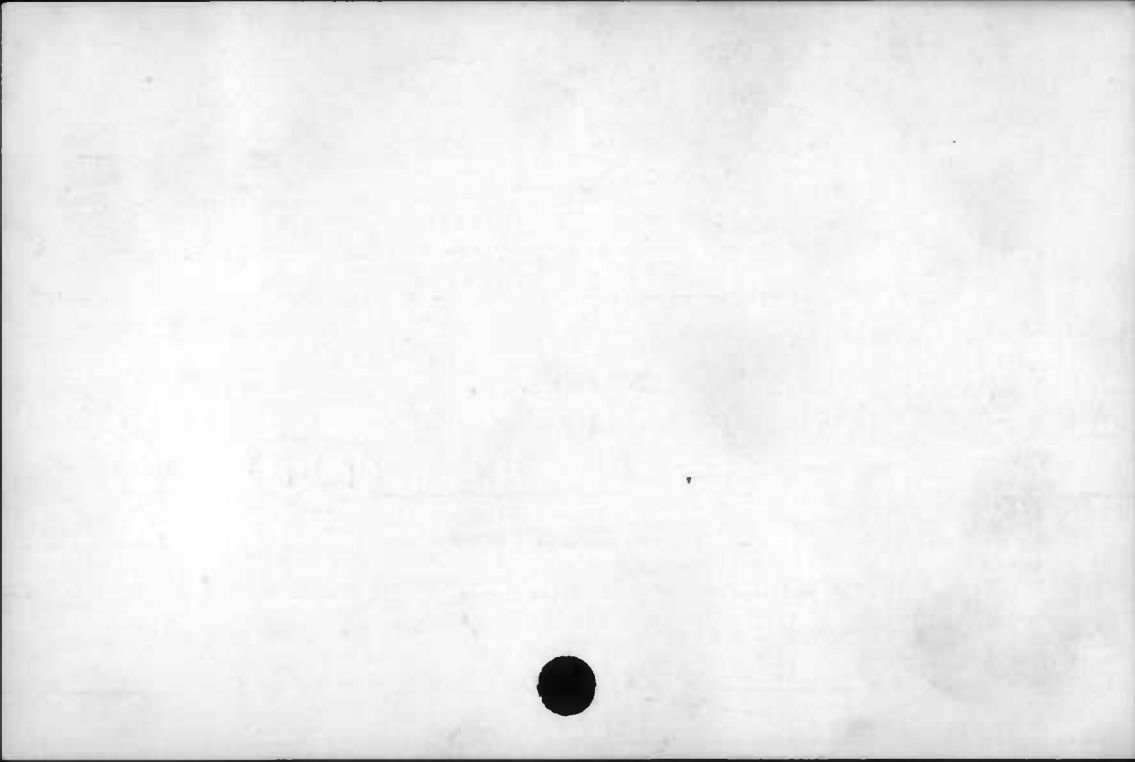
Died at <i>near Alberton</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>Oct</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>74</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death <i>— — —</i>		
Married, Single or Widowed <i>Unmarried</i>		Name of Wife or Husband <i>Elizabeth Underwood - Deceased</i>			
Father's Name <i>Hazekiah Weeks.</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Rachel Henry</i>		Mother's Birthplace <i>Not Known</i>			
Name of person giving information <i>Mrs Joseph Sindall</i>		How related to deceased <i>3 days</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>48 hours</i>
Immediate <i>Heart Failure.</i>	How long <i>1 Day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Ewing, M.D.</i>
	Address <i>Ellicott City Md.</i>
Accident or Suicide? <i>—</i>	



Name  
In  
Full

Henry William

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Oct.</i>	Day <i>18</i>	Years <i>38</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>not known</i>		
Occupation <i>farm hand</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>no wife</i>				
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		Mother's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>	Name of person giving information <i>James E. Hobbs</i>		How related to deceased <i>not related</i>		

## CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

Primary <i>Pistol shot wound</i>	How long <i>—</i>
Immediate <i>Internal Hemorrhage</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bernard H. Hallenhorst, J.P.</i>
	Address <i>acting coronar Ellicott City Md</i>
Accident or Suicide? <i>Homicidal</i>	

